Indiana State Department of Health

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED  05/14/2012	
157474						
NAME OF PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	1 00/	14/2012
NIGHTINGALE HOME HEALTHCARE INC		1036 S RANGELINE RD CARMEL, IN 46032				
			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
I 000 Initial Comments		N 000				
This visit was for a state home health complaint investigation.						
Complaints: IN00107008 - Unsubstantiated: Lack of sufficient evidence.						
Survey Date: May 14, 2012						
Facility #: 009554						
Medicaid #: 200107010						
Surveyors: Linda Dubak, R.N. Public Health Nurse Surveyor						
Nightingale Home Healthcare, Inc. was found to be in compliance with 410 IAC Article 17 Rule 12 Section 3 (4)(A)(B), Rule 13 Section 1(a), and Rule 14 Section 1 as related to this complaint.						
Quality Review: Joyce Elder, MSN, BSN, RN May 18, 2012						
	ROVIDER OR SUPPLIER  SALE HOME HEALTHCA  SUMMARY ST (EACH DEFICIENC REGULATORY OR  Initial Comments  This visit was for a st investigation.  Complaints: IN00107 of sufficient evidence Survey Date: May 14  Facility #: 009554  Medicaid #: 2001070  Surveyors: Linda Dul Public Health  Nightingale Home He be in compliance witt Section 3 (4)(A)(B), F Rule 14 Section 1 as	TIDENTIFICATION NUMB  157474  ROVIDER OR SUPPLIER  SALE HOME HEALTHCARE INC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FE REGULATORY OR LSC IDENTIFYING INFORMATION INVESTIGATION.  Initial Comments  This visit was for a state home health compliancestigation.  Complaints: IN00107008 - Unsubstantiated: of sufficient evidence.  Survey Date: May 14, 2012  Facility #: 009554  Medicaid #: 200107010  Surveyors: Linda Dubak, R.N. Public Health Nurse Surveyor  Nightingale Home Healthcare, Inc. was foun be in compliance with 410 IAC Article 17 Ru Section 3 (4)(A)(B), Rule 13 Section 1(a), ar Rule 14 Section 1 as related to this complain Quality Review: Joyce Elder, MSN, BSN, RN	This visit was for a state home health complaint investigation.  Complaints: IN00107008 - Unsubstantiated: Lack of sufficient evidence.  Survey Date: May 14, 2012  Facility #: 009554  Medicaid #: 200107010  Surveyors: Linda Dubak, R.N. Public Health Nurse Surveyor  Nightingale Home Healthcare, Inc. was found to be in compliance with 410 IAC Article 17 Rule 12 Section 3 (4)(A)(B), Rule 13 Section 1(a), and Rule 14 Section 1 as related to this complaint.  Quality Review: Joyce Elder, MSN, BSN, RN	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  Initial Comments  This visit was for a state home health complaint investigation.  Complaints: IN00107008 - Unsubstantiated: Lack of sufficient evidence.  Survey Date: May 14, 2012  Facility #: 009554  Medicaid #: 200107010  Surveyors: Linda Dubak, R.N. Public Health Nurse Surveyor  Nightingale Home Healthcare, Inc. was found to be in compliance with 410 IAC Article 17 Rule 12 Section 3 (4)(A)(B), Rule 13 Section 1(a), and Rule 14 Section 1 as related to this complaint.  Quality Review: Joyce Elder, MSN, BSN, RN	TOURIDER OR SUPPLIER  IDENTIFICATION NUMBER:  157474  STREET ADDRESS, CITY, STATE, ZIP CODE  1036 S RANGELINE RD  CARMEL, IN 46032  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  This visit was for a state home health complaint investigation.  Complaints: IN00107008 - Unsubstantiated: Lack of sufficient evidence.  Survey Date: May 14, 2012  Facility #: 009554  Medicaid #: 200107010  Surveyors: Linda Dubak, R.N. Public Health Nurse Surveyor  Nightingale Home Healthcare, Inc. was found to be in compliance with 410 IAC Article 17 Rule 12 Section 3 (4)(A)(B), Rule 13 Section 1(a), and Rule 14 Section 1 as related to this complaint.  Quality Review: Joyce Elder, MSN, BSN, RN	FORRECTION    IDENTIFICATION NUMBER:   A. BUILDING   B. WING   D5/   IDENTIFICATION NUMBER:   IDENTIFICATI

Indiana State Department of Health

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE